

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) M
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: INTERNATIONAL PAPER COMPANY COMBINED DEFINED CONTRIBUTION TRUST FUND - SMALL/MID CAP STOCK INDEX
1b Three-digit plan number (PN): 241
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): INTERNATIONAL PAPER COMPANY
2b Employer Identification Number (EIN): 13-0872805
2c Plan Sponsor's telephone number: 901-419-9000
2d Business code (see instructions)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor SVP - HUMAN RESOURCES INTERNATIONAL PAPER COMPANY C/O EMPLOYEE BENEFITS 6400 POPLAR AVENUE MEMPHIS, TN 38197	3b Administrator's EIN 13-2912565 3c Administrator's telephone number 901-419-9000
--	---

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	
---	----------	--

6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1)
a(2) Total number of active participants at the end of the plan year	6a(2)
b Retired or separated participants receiving benefits	6b
c Other retired or separated participants entitled to future benefits	6c
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e
f Total. Add lines 6d and 6e	6f
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
--	----------

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
--	--

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan INTERNATIONAL PAPER COMPANY COMBINED DEFINED CONTRIBUTION TRUST FUND - SMALL/MID CAP STOCK INDEX	B Three-digit plan number (PN) ▶	241
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL PAPER COMPANY	D Employer Identification Number (EIN) 13-0872805	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

STATE STREET BANK AND TRUST COMPANY

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 28 49 50	NONE	36942	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

INTERNATIONAL PAPER COMPANY

13-0872805

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	EMPLOYER	4882	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
 (complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan INTERNATIONAL PAPER COMPANY COMBINED DEFINED CONTRIBUTION TRUST FUND - SMALL/MID CAP STOCK INDEX	B Three-digit plan number (PN)	▶ 241
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL PAPER COMPANY	D Employer Identification Number (EIN) 13-0872805	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL SMALL MID CAP INDEX SL SERI</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>32-6528132-019</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>34922756</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	INT'L PAPER CO SALARIED SAVINGS PLAN	
b Name of plan sponsor	INTERNATIONAL PAPER COMPANY	c EIN-PN 33-0872805-007

a Plan name	INT'L PAPER CO HOURLY SAVINGS PLAN	
b Name of plan sponsor	INTERNATIONAL PAPER COMPANY	c EIN-PN 13-0872805-118

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan INTERNATIONAL PAPER COMPANY COMBINED DEFINED CONTRIBUTION TRUST FUND - SMALL/MID CAP STOCK INDEX	B Three-digit plan number (PN) ▶ 241
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL PAPER COMPANY	D Employer Identification Number (EIN) 13-0872805

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	3546
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	103599
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	0	34922756
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	0	35029901
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	2484
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	2484
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	0	35027417

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2108350
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		4105
d Total income. Add all income amounts in column (b) and enter total	2d		2112455

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	4882	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	35045	
(6) Bank or trust company trustee/custodial fees	2i(6)	1897	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		41824
j Total expenses. Add all expense amounts in column (b) and enter total	2j		41824

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2070631
l Transfers of assets:			
(1) To this plan	2l(1)		43314782
(2) From this plan	2l(2)		10357996

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

STATE STREET GLOBAL ADVISORS, INC

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES

BEGINNING NET ASSET VALUE: 558,145.64

5% OF ASSET VALUE: 27,907.28

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET					RATE	MAT DATE		
#PUR	(C) PURCHASE PRICE	#SALE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	#TOTAL	(H) CURR VALUE	(I) GAIN/LOSS	
INTEREST BEARING CASH									
86199E9B7	STATE STREET TR			STIF FUND		1.000	12/31/2030		
2	1,438,184.25	1	1,438,184.25	0.00	1,438,184.25	3	2,876,368.50	0.00	
INTEREST BEARING CASH TOTALS									
2	1,438,184.25	1	1,438,184.25	0.00	1,438,184.25	3	2,876,368.50	0.00	

STATE STREET GLOBAL ADVISORS, INC

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

BEGINNING NET ASSET VALUE: 558,145.64

5% OF ASSET VALUE: 27,907.28

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET		RATE	MAT DATE		
(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	(H) CURR VALUE	(I) GAIN/LOSS	
INTEREST BEARING CASH						
86199E9B7	STATE STREET TR	STIF FUND	1.000	12/31/2030		
868,966.48		0.00		868,966.48	0.00	
86199E9B7	STATE STREET TR	STIF FUND	1.000	12/31/2030		
569,217.77		0.00		569,217.77	0.00	
86199E9B7	STATE STREET TR	STIF FUND	1.000	12/31/2030		
	1,438,184.25	0.00	1,438,184.25	1,438,184.25	0.00	
INTEREST BEARING CASH TOTALS						
	1,438,184.25	1,438,184.25	0.00	1,438,184.25	2,876,368.50	0.00

STATE STREET GLOBAL ADVISORS, INC

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

BEGINNING NET ASSET VALUE: 558,145.64

5% OF ASSET VALUE: 27,907.28

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	RATE	MAT DATE	(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	(H) CURR VALUE	(I) GAIN/LOSS
COMMON/COLLECTIVE TRUSTS									
857480552	STATE STR GLOBAL ADVISORS			561,691.29				561,691.29	0.00
857480552	STATE STR GLOBAL ADVISORS			307,287.46				307,287.46	0.00
857480552	STATE STR GLOBAL ADVISORS			604,067.94				604,067.94	0.00
857480552	STATE STR GLOBAL ADVISORS				38,270.16		38,332.38	38,270.16	-62.22
857480552	STATE STR GLOBAL ADVISORS			239,528.74				239,528.74	0.00
857480552	STATE STR GLOBAL ADVISORS			1,816,738.02				1,816,738.02	0.00
857480552	STATE STR GLOBAL ADVISORS			269,653.78				269,653.78	0.00
857480552	STATE STR GLOBAL ADVISORS			1,667,490.68				1,667,490.68	0.00
857480552	STATE STR GLOBAL ADVISORS			215,517.38				215,517.38	0.00
857480552	STATE STR GLOBAL ADVISORS			361,121.30				361,121.30	0.00
857480552	STATE STR GLOBAL ADVISORS			354,606.72				354,606.72	0.00
857480552	STATE STR GLOBAL ADVISORS			2,460,831.54				2,460,831.54	0.00
857480552	STATE STR GLOBAL ADVISORS			109,096.33				109,096.33	0.00
857480552	STATE STR GLOBAL ADVISORS			52,174.80				52,174.80	0.00
857480552	STATE STR GLOBAL ADVISORS			1,685,104.30				1,685,104.30	0.00
857480552	STATE STR GLOBAL ADVISORS			105,467.62				105,467.62	0.00

STATE STREET GLOBAL ADVISORS, INC

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

BEGINNING NET ASSET VALUE: 558,145.64

5% OF ASSET VALUE: 27,907.28

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	RATE	MAT DATE	(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	(H) CURR VALUE	(I) GAIN/LOSS
857480552	STATE STR GLOBAL ADVISORS			107,263.95		0.00		107,263.95	0.00
857480552	STATE STR GLOBAL ADVISORS				1,068,631.18	0.00	1,032,271.22	1,068,631.18	36,359.96
857480552	STATE STR GLOBAL ADVISORS			31,588.73		0.00		31,588.73	0.00
857480552	STATE STR GLOBAL ADVISORS			66,017.19		0.00		66,017.19	0.00
857480552	STATE STR GLOBAL ADVISORS			1,075,216.78		0.00		1,075,216.78	0.00
857480552	STATE STR GLOBAL ADVISORS				32,244.12	0.00	31,065.66	32,244.12	1,178.46
857480552	STATE STR GLOBAL ADVISORS			372,523.28		0.00		372,523.28	0.00
857480552	STATE STR GLOBAL ADVISORS			104,166.17		0.00		104,166.17	0.00
857480552	STATE STR GLOBAL ADVISORS			96,957.14		0.00		96,957.14	0.00
857480552	STATE STR GLOBAL ADVISORS				198,143.92	0.00	209,226.12	198,143.92	-11,082.20
857480552	STATE STR GLOBAL ADVISORS			69,396.08		0.00		69,396.08	0.00
857480552	STATE STR GLOBAL ADVISORS			67,645.39		0.00		67,645.39	0.00
857480552	STATE STR GLOBAL ADVISORS			895,566.48		0.00		895,566.48	0.00
857480552	STATE STR GLOBAL ADVISORS				44,310.60	0.00	46,551.76	44,310.60	-2,241.16
857480552	STATE STR GLOBAL ADVISORS			58,617.76		0.00		58,617.76	0.00
857480552	STATE STR GLOBAL ADVISORS			975,014.12		0.00		975,014.12	0.00

STATE STREET GLOBAL ADVISORS, INC

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

BEGINNING NET ASSET VALUE: 558,145.64

5% OF ASSET VALUE: 27,907.28

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE	(H) CURR VALUE	(I) GAIN/LOSS
857480552	STATE STR GLOBAL ADVISORS		52,222.15	0.00	52,819.18			52,222.15	-597.03
857480552	STATE STR GLOBAL ADVISORS	115,550.00		0.00				115,550.00	0.00
857480552	STATE STR GLOBAL ADVISORS	44,720.98		0.00				44,720.98	0.00
857480552	STATE STR GLOBAL ADVISORS	854,613.34		0.00				854,613.34	0.00
857480552	STATE STR GLOBAL ADVISORS	668,040.37		0.00				668,040.37	0.00
857480552	STATE STR GLOBAL ADVISORS	58,246.06		0.00				58,246.06	0.00
857480552	STATE STR GLOBAL ADVISORS		169,321.90	0.00	162,901.17			169,321.90	6,420.73
857480552	STATE STR GLOBAL ADVISORS	47,813.17		0.00				47,813.17	0.00
857480552	STATE STR GLOBAL ADVISORS		237,097.17	0.00	228,918.08			237,097.17	8,179.09
857480552	STATE STR GLOBAL ADVISORS	613,571.03		0.00				613,571.03	0.00
857480552	STATE STR GLOBAL ADVISORS		30,795.01	0.00	29,970.04			30,795.01	824.97
857480552	STATE STR GLOBAL ADVISORS	91,079.21		0.00				91,079.21	0.00
857480552	STATE STR GLOBAL ADVISORS	252,924.50		0.00				252,924.50	0.00
857480552	STATE STR GLOBAL ADVISORS	1,149,157.89		0.00				1,149,157.89	0.00
857480552	STATE STR GLOBAL ADVISORS	420,328.41		0.00				420,328.41	0.00
857480552	STATE STR GLOBAL ADVISORS	31,416.10		0.00				31,416.10	0.00

STATE STREET GLOBAL ADVISORS, INC

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

BEGINNING NET ASSET VALUE: 558,145.64

5% OF ASSET VALUE: 27,907.28

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE	(H) CURR VALUE	(I) GAIN/LOSS
857480552	STATE STR GLOBAL ADVISORS		36,534.96	0.00	36,859.01			36,534.96	-324.05
857480552	STATE STR GLOBAL ADVISORS	311,318.40		0.00				311,318.40	0.00
857480552	STATE STR GLOBAL ADVISORS	1,122,613.32		0.00				1,122,613.32	0.00
857480552	STATE STR GLOBAL ADVISORS		45,746.36	0.00	45,795.89			45,746.36	-49.53
857480552	STATE STR GLOBAL ADVISORS	2,327,950.78		0.00				2,327,950.78	0.00
857480552	STATE STR GLOBAL ADVISORS		236,503.28	0.00	230,423.64			236,503.28	6,079.64
857480552	STATE STR GLOBAL ADVISORS	1,461,691.68		0.00				1,461,691.68	0.00
857480552	STATE STR GLOBAL ADVISORS		71,464.68	0.00	69,020.77			71,464.68	2,443.91
857480552	STATE STR GLOBAL ADVISORS	33,708.54		0.00				33,708.54	0.00
857480552	STATE STR GLOBAL ADVISORS		2,298,379.50	0.00	2,191,200.92			2,298,379.50	107,178.58
857480552	STATE STR GLOBAL ADVISORS	120,846.62		0.00				120,846.62	0.00
857480552	STATE STR GLOBAL ADVISORS	1,063,017.14		0.00				1,063,017.14	0.00
857480552	STATE STR GLOBAL ADVISORS		67,873.74	0.00	65,137.25			67,873.74	2,736.49
857480552	STATE STR GLOBAL ADVISORS	121,691.28		0.00				121,691.28	0.00
857480552	STATE STR GLOBAL ADVISORS	93,249.14		0.00				93,249.14	0.00
857480552	STATE STR GLOBAL ADVISORS	117,704.62		0.00				117,704.62	0.00

STATE STREET GLOBAL ADVISORS, INC

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

BEGINNING NET ASSET VALUE: 558,145.64

5% OF ASSET VALUE: 27,907.28

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	RATE	MAT DATE	(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	(H) CURR VALUE	(I) GAIN/LOSS
857480552	STATE STR GLOBAL ADVISORS			315,184.77		0.00		315,184.77	0.00
857480552	STATE STR GLOBAL ADVISORS				55,202.65	0.00	53,155.86	55,202.65	2,046.79
857480552	STATE STR GLOBAL ADVISORS			38,994.99		0.00		38,994.99	0.00
857480552	STATE STR GLOBAL ADVISORS				44,145.13	0.00	42,523.27	44,145.13	1,621.86
857480552	STATE STR GLOBAL ADVISORS			891,946.88		0.00		891,946.88	0.00
857480552	STATE STR GLOBAL ADVISORS			40,977.99		0.00		40,977.99	0.00
857480552	STATE STR GLOBAL ADVISORS			301,790.43		0.00		301,790.43	0.00
857480552	STATE STR GLOBAL ADVISORS				44,726.22	0.00	43,093.17	44,726.22	1,633.05
857480552	STATE STR GLOBAL ADVISORS			864,617.21		0.00		864,617.21	0.00
857480552	STATE STR GLOBAL ADVISORS				38,459.48	0.00	36,810.73	38,459.48	1,648.75
857480552	STATE STR GLOBAL ADVISORS			109,409.51		0.00		109,409.51	0.00
857480552	STATE STR GLOBAL ADVISORS			2,691,931.24		0.00		2,691,931.24	0.00
857480552	STATE STR GLOBAL ADVISORS			677,764.53		0.00		677,764.53	0.00
857480552	STATE STR GLOBAL ADVISORS				107,994.96	0.00	101,081.03	107,994.96	6,913.93
857480552	STATE STR GLOBAL ADVISORS			83,042.49		0.00		83,042.49	0.00
857480552	STATE STR GLOBAL ADVISORS				2,371,167.97	0.00	2,220,583.71	2,371,167.97	150,584.26

STATE STREET GLOBAL ADVISORS, INC

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

BEGINNING NET ASSET VALUE: 558,145.64

5% OF ASSET VALUE: 27,907.28

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	RATE	MAT DATE	(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	(H) CURR VALUE	(I) GAIN/LOSS
857480552	STATE STR GLOBAL ADVISORS			34,147.20		0.00		34,147.20	0.00
857480552	STATE STR GLOBAL ADVISORS			47,945.16		0.00		47,945.16	0.00
857480552	STATE STR GLOBAL ADVISORS			30,086.46		0.00		30,086.46	0.00
857480552	STATE STR GLOBAL ADVISORS			944,889.32		0.00		944,889.32	0.00
857480552	STATE STR GLOBAL ADVISORS				35,978.08	0.00	34,493.99	35,978.08	1,484.09
857480552	STATE STR GLOBAL ADVISORS			74,925.39		0.00		74,925.39	0.00
857480552	STATE STR GLOBAL ADVISORS			86,810.08		0.00		86,810.08	0.00
857480552	STATE STR GLOBAL ADVISORS			579,503.13		0.00		579,503.13	0.00
857480552	STATE STR GLOBAL ADVISORS				120,831.14	0.00	114,631.91	120,831.14	6,199.23
857480552	STATE STR GLOBAL ADVISORS			298,797.76		0.00		298,797.76	0.00
857480552	STATE STR GLOBAL ADVISORS			28,097.64		0.00		28,097.64	0.00
857480552	STATE STR GLOBAL ADVISORS			60,594.21		0.00		60,594.21	0.00
857480552	STATE STR GLOBAL ADVISORS			144,544.06		0.00		144,544.06	0.00
857480552	STATE STR GLOBAL ADVISORS			760,303.65		0.00		760,303.65	0.00
857480552	STATE STR GLOBAL ADVISORS				450,725.81	0.00	406,964.58	450,725.81	43,761.23
857480552	STATE STR GLOBAL ADVISORS			392,905.88		0.00		392,905.88	0.00

STATE STREET GLOBAL ADVISORS, INC

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

BEGINNING NET ASSET VALUE: 558,145.64

5% OF ASSET VALUE: 27,907.28

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE	(H) CURR VALUE	(I) GAIN/LOSS
857480552	STATE STR GLOBAL ADVISORS		108,436.50	0.00	97,518.35			108,436.50	10,918.15
857480552	STATE STR GLOBAL ADVISORS	87,072.37		0.00				87,072.37	0.00
857480552	STATE STR GLOBAL ADVISORS	159,475.99		0.00				159,475.99	0.00
857480552	STATE STR GLOBAL ADVISORS	165,562.06		0.00				165,562.06	0.00
857480552	STATE STR GLOBAL ADVISORS	39,864.06		0.00				39,864.06	0.00
857480552	STATE STR GLOBAL ADVISORS	633,046.02		0.00				633,046.02	0.00
857480552	STATE STR GLOBAL ADVISORS		213,041.75	0.00	190,989.32			213,041.75	22,052.43
857480552	STATE STR GLOBAL ADVISORS	88,368.87		0.00				88,368.87	0.00
857480552	STATE STR GLOBAL ADVISORS	276,345.74		0.00				276,345.74	0.00
857480552	STATE STR GLOBAL ADVISORS	63,940.22		0.00				63,940.22	0.00
857480552	STATE STR GLOBAL ADVISORS	34,162.83		0.00				34,162.83	0.00
857480552	STATE STR GLOBAL ADVISORS		43,258.34	0.00	39,357.21			43,258.34	3,901.13
857480552	STATE STR GLOBAL ADVISORS	428,303.23		0.00				428,303.23	0.00
857480552	STATE STR GLOBAL ADVISORS		29,650.63	0.00	26,882.97			29,650.63	2,767.66
857480552	STATE STR GLOBAL ADVISORS	76,425.08		0.00				76,425.08	0.00
857480552	STATE STR GLOBAL ADVISORS		303,552.42	0.00	266,703.89			303,552.42	36,848.53

STATE STREET GLOBAL ADVISORS, INC

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

BEGINNING NET ASSET VALUE: 558,145.64

5% OF ASSET VALUE: 27,907.28

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	RATE	MAT DATE	(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	(H) CURR VALUE	(I) GAIN/LOSS
857480552	STATE STR GLOBAL ADVISORS			506,534.27		0.00		506,534.27	0.00
857480552	STATE STR GLOBAL ADVISORS				60,768.89	0.00	52,712.38	60,768.89	8,056.51
857480552	STATE STR GLOBAL ADVISORS			288,493.37		0.00		288,493.37	0.00
857480552	STATE STR GLOBAL ADVISORS			594,034.39		0.00		594,034.39	0.00
857480552	STATE STR GLOBAL ADVISORS				91,730.18	0.00	80,463.28	91,730.18	11,266.90
857480552	STATE STR GLOBAL ADVISORS			129,749.22		0.00		129,749.22	0.00
857480552	STATE STR GLOBAL ADVISORS			157,642.76		0.00		157,642.76	0.00
857480552	STATE STR GLOBAL ADVISORS			69,947.42		0.00		69,947.42	0.00
857480552	STATE STR GLOBAL ADVISORS			565,354.57		0.00		565,354.57	0.00
857480552	STATE STR GLOBAL ADVISORS				175,852.72	0.00	153,058.31	175,852.72	22,794.41
857480552	STATE STR GLOBAL ADVISORS			364,448.71		0.00		364,448.71	0.00
857480552	STATE STR GLOBAL ADVISORS				66,212.23	0.00	58,371.93	66,212.23	7,840.30
857480552	STATE STR GLOBAL ADVISORS			50,595.04		0.00		50,595.04	0.00
857480552	STATE STR GLOBAL ADVISORS				31,095.01	0.00	27,626.20	31,095.01	3,468.81
857480552	STATE STR GLOBAL ADVISORS			174,375.00		0.00		174,375.00	0.00
857480552	STATE STR GLOBAL ADVISORS				78,153.82	0.00	70,125.80	78,153.82	8,028.02

STATE STREET GLOBAL ADVISORS, INC

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

BEGINNING NET ASSET VALUE: 558,145.64

5% OF ASSET VALUE: 27,907.28

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	RATE	MAT DATE	(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	(H) CURR VALUE	(I) GAIN/LOSS
857480552	STATE STR GLOBAL ADVISORS			569,378.56		0.00		569,378.56	0.00
857480552	STATE STR GLOBAL ADVISORS				61,972.93	0.00	55,239.18	61,972.93	6,733.75
857480552	STATE STR GLOBAL ADVISORS			90,028.38		0.00		90,028.38	0.00
857480552	STATE STR GLOBAL ADVISORS				55,971.69	0.00	50,553.93	55,971.69	5,417.76
857480552	STATE STR GLOBAL ADVISORS			87,349.54		0.00		87,349.54	0.00
857480552	STATE STR GLOBAL ADVISORS				62,651.40	0.00	56,274.39	62,651.40	6,377.01
857480552	STATE STR GLOBAL ADVISORS			153,001.75		0.00		153,001.75	0.00
857480552	STATE STR GLOBAL ADVISORS			34,893.09		0.00		34,893.09	0.00
857480552	STATE STR GLOBAL ADVISORS				148,347.78	0.00	134,902.69	148,347.78	13,445.09
857480552	STATE STR GLOBAL ADVISORS			384,087.20		0.00		384,087.20	0.00
857480552	STATE STR GLOBAL ADVISORS				101,389.07	0.00	96,559.84	101,389.07	4,829.23
857480552	STATE STR GLOBAL ADVISORS			66,393.59		0.00		66,393.59	0.00
857480552	STATE STR GLOBAL ADVISORS			70,517.31		0.00		70,517.31	0.00
857480552	STATE STR GLOBAL ADVISORS			37,718.68		0.00		37,718.68	0.00
857480552	STATE STR GLOBAL ADVISORS			821,282.75		0.00		821,282.75	0.00
857480552	STATE STR GLOBAL ADVISORS				140,637.38	0.00	131,327.99	140,637.38	9,309.39

STATE STREET GLOBAL ADVISORS, INC

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

BEGINNING NET ASSET VALUE: 558,145.64

5% OF ASSET VALUE: 27,907.28

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE	(H) CURR VALUE	(I) GAIN/LOSS
857480552	STATE STR GLOBAL ADVISORS	50,221.90						50,221.90	0.00
COMMON/COLLECTIVE TRUSTS TOTALS									
		42,669,427.50	9,669,492.91	0.00	9,112,499.00			52,338,920.41	556,993.91

SMALL/MID CAP STOCK INDEX FUND
STATE STREET GLOBAL ADVISORS, INC
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A)	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE MAT DATE (D) COST	(E) CURRENT VALUE
-----	------------------------	---	---------------------------	----------------------

COMMON/COLLECTIVE TRUSTS

	857480552 STATE STR GLOBAL ADVISORS	MUTUAL FUND 1,896,223.949	33,405,630.16	34,922,756.47
--	-------------------------------------	------------------------------	---------------	---------------